

**RECEIVED
CENTRAL FAX CENTER****JAN 06 2006**

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number: 09/845,751

Filing Date: 4/30/2001

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on 1/6/2006

Date



Signature

LeAnn M. Sassman

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify
each submitted paper.

1. Fee Transmittal
2. Petition for Extension of Time
3. Response to Final Office Action dated 8/8/2005

Total Pages Transmitted: 22

571-273-8300

GE1-004US

Confirmation No. 3458

*Please notify us immediately (509-324-9256) if
there is a problem with the quality of this fax.*

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents,
Washington, DC 20231.

JAN 06 2006

PTO/SB/17 (12-04)


Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/845,751 Filing Date 4/30/2001 First Named Inventor Scholz et al. Examiner Name CESAR B PAULA Art Unit 2178 Attorney Docket No. GE1 - 004US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 450.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
---	--

FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 20 or HP = _____		x 50 = _____		Multiple Dependent Claims		Fee (\$)	
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)		Fee Paid (\$)	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 3 or HP = _____		x 200 = _____					
				HP = highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(s)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 = _____		/ 50 = _____		(round up to a whole number) x _____		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other: Two-Month Extension of Time							450.00

SUBMITTED BY		
Signature 	Registration No. 38318 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type) Allan T. Sponseller		Date January 6, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.